## WASHINGTON STATE PATROL FIRE PROTECTION BUREAU OFFICE OF THE STATE FIRE MARSHAL

## STATE FIREWORKS GENERAL DISPLAY LICENSE APPLICATION

This application is hereby made to the Washington State Patrol Fire Protection Bureau, pursuant to R.C.W. 70.77, for an annual license to engage in business in the State of Washington as a Fireworks General Display Licensee. I have enclosed the annual licensing fee of \$ 50.00.

Date Received

For Official Use

Company Scaling A Washington St	tate General Display Fireworks License:		
Name Company Seeking A washington St	Phone		
of Firm	Number		
Complete Business			
Address			
Complete Mailing			
Address (if			
different)			
Chief Executive	Years In		
Officer E-Mail	Business		
Address Address	Federal Identification Number (FDID)		
Address	Number (PDID)		
Designated Agent Within Washington State (I	icense Contact Person – Will Appear On License):		
	Phone		
Name	Number		
Complete Mailing			
Address			
List the Name, Position, Address, and Phone Numb	per of Three Industry References (This or other states):		
Name	Phone		
1)	Number		
Complete Mailing Address			
Maning Address	Phone		
Name	Number		
2) Complete			
Mailing Address			
Name	Phone		
3)	Number		
Complete			
Mailing Address			
Amalicant Common Dest	ground Overstians		
Applicant Company Backs	ground Questions Yes/No		
Has any member of the firm been cited for state or fe	ederal fireworks violations?		
Has any member of the firm been convicted of a felony or misdemeanor in the past ten years?			
Has any member of the firm forfeited a bond for a fe	lony or misdemeanor in the past ten years?		
Does the firm hold a current Fireworks License in an			
Has the firm ever had a fire or accident as a result of	fireworks activity?		
Has the firm ever done damage to another's property	as a result of fireworks activity?		

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List ALL firework storage sites, giving address o  The director of the Fire Protection Bu			
ADDRESS/LOCATION	·	<u>TYPE</u>	QUANTITY
-			
			<u> </u>
-			
The Fireworks Storage Site(s) is (are) licensed by:	BATF L&I	Please include a co	py (copies)
Describe, in detail, the various	firework activities you	intend to engage in.	
			_
Add	ditional Details:		
1100	and Details.		
I hereby certify that I have carefully read and am fami and the regulations of the director of the Fire Protection with all provisions contained therein.			
I further certify that all information contained in this a	polication is true and co	omplete. I understand th	at omitted or
misrepresented information can constitute sufficient g			
Signature Of Applicant (Primary)	Signature Of A	Applicant (Co-Applicant)	)
	C		
Title	Title		
Date	Date		

Your application must include articles of incorporation and the annual licensing fee and be mailed to:

Washington State Patrol Fire Protection Bureau Post Office Box 42600 Olympia, WA 98504-2600